# Impacting Native American Health Disparities

#### What YOU Need to Know



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#### **OVERVIEW**

- 1. Understanding Culture.
- 2. What is Cultural Competency?
- 3. Why is it needed?
- 4. What is Your Identity?
- 5. How our background influences our thoughts.
- 6. Inclusiveness
- 7. Specific Al Issues

# CULTURE and CULTURAL NORMS



Shared beliefs, attitudes, values, rituals, communication styles, behaviors.

Learned Behavior - taught/ acquired from life experiences.

## Many Sub-Cultures

Distinguish one group from others within an embracing culture or society

#### **Traditional**

- Modern
- Pow-wow
- Party
- Radical
- Apples
- Others (ballers, youth, elders, etc.)

Cannot lump any group or culture as all same!

- Also gender, sexual orientation, age, disability, and socio-economic status.
- Lack of culturally competent care can result in a patient's misunderstanding of the treatment plan and great harm to the patient

http://minorityhealth.hhs.gov/assets/pdf/checked/em01garcia1.pdf



# Support bacteria. They're the only culture some people have.

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# Cultural Competency

- Ability to work and live effectively crossculturally.
- Minimizes misunderstandings, reduces cultural and other disparities.
- Does not imply total understanding; implies willingness to be open-minded

- Cultural Competency = Patient Centered
   Care
- Ensures patients' preferences and beliefs are taken into account
- Patients have the information they need to participate in their own care
- Improves quality of care (good for patient and organization)

- Cultural Competency is a <u>process</u> not a goal to be achieved
- Need to continually improve skills and competencies
- Requires ongoing self-reflection and experience

# May need to change:

- How we interact with others
- How we see the world
- Our learned perspectives
- How we view and accept other cultures
- Change must start within each individual; look inside, notice personal biases and values.

# White Privilege?

- Rarely have to think about being white (job/apartment hunting)
- Freely wander a store w/o being tracked
- Rarely asked to speak for entire race
- Comfort in most social situations
- Aren't branded with blood quantum
- Less historical trauma
- Fewer comments (how much "white" are you; my great, great grandmother was 1/164<sup>th</sup> white; where's your bow and arrow; they let you off the reservation?)

# Working effectively with other cultures a matter of:

- Looking beyond the obvious differences; Acceptance
- Understanding
- Having an open-mind
- Being non-Judgmental
- Being flexible
- Wanting to teach <u>and</u> learn
- Speaking with and to people instead of for and about them
- BUILDING RELATIONSHIPS
- Treat EVERYBODY as you wish to be treated.

#### Traits of culturally competent providers:

- 1. Self Aware/Open minded
- 2. See world as it is, not as they are
- 3. Willing to change view
- 4. Understanding
- 5. Non-judgmental
- Commitment to success/organization wide

## To become Culturally Competent:

- Adjust world view
- Look inside/Examine beliefs, values/biases
- Recognize YOUR Identity
- Work on understanding where others come from
- Build Relationships & C
- ollaboration

## **Native Americans**



#### **Background Information**

Some information and slides in this section compliments of:

Linda Burhanstipanov

Native American Cancer Research

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- 1% of total U.S. population; 2.1% of Wyoming population; 6% of MT population
- 2.3 million individuals/550 federally recognized tribes
- 150 distinct languages; some speak/others don't
- About 40% live in rural settings or on or near reservations, rancherias or pueblos
- Remaining 60% live in urban areas
- Share some commonalities but each tribal Nation has unique characteristics

U.S. Government Health Resources and Services Administration http://www.hrsa.gov/culturalcompetence/

# Key Points in History with Federal Government

- 1608-1830 Treaty Making (Policy)
- 1824 Bureau of Indian Affairs (BIA)
- 1830-1850 Removal Policy (east to west)
- 1849 BIA moved under Department of Interior
- 1850-1871 Establishment of Reservations Policy
- 1871-1928 Assimilation and Allotment Era (Policy)
- 1887- Dawes Act
- 1924 Indian Citizenship Act of 1924
- 1934 Indian Reorganization Act
- 1940's 1980's Indians fought for the right to vote
- 1953 Termination Act; not Indians
- 1968 Self-Determination; Indians again

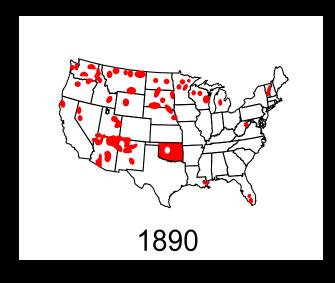
# Long history of mistrust of government due to:

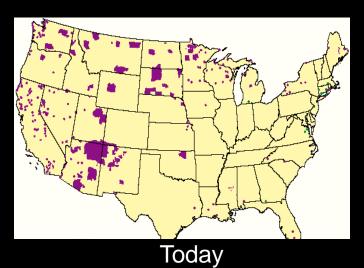
- 1. broken treaties
- 2. lost land
- 3. reservations
- 4. boarding schools
- 5. urban relocation program
- 6. ongoing experiences with discrimination

#### Prior to 1492 and Columbus Entire "U.S." was Indian Land









Going Gone!

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# Many Contemporary Events Contribute to Barriers and Issues

- 1968 American Indian Movement
- 1970's sterilization of American Indian women without informed consent
- Token Indians everywhere!
- Numerous events of discrimination and mistreatment in every U.S. State

## Post Traumatic Stress Syndrome

- Historical trauma, unresolved grief, changing culture and lack of opportunity
- Alcohol and drug abuse as coping methods
- Child abuse/neglect
- Depression, hopelessness
- Poverty
- Lack of Parenting Skills (forced boarding schools)

# **Common Misconceptions**

- Free Indian Money
- Free housing/health care/Education
- Live in Teepees, dress in buckskin, shoot bows and arrows
- Casinos made us Rich
- Drunks/addicts/stupid/ignorant
- Don't pay taxes
- Don't serve in the armed forces
- Receive monthly check from the government



#### **Facts**

- NA's are only people in the U.S. who are required to show "blood quantum" and carry ID specifying our race
- Educated and pay for it!
- Work and pay taxes!
- Serve in the armed forces
- Want a better health and life status

# COMMON TRADITIONAL VALUES

- Generosity
- Close ties to family/community/Tribe
- Respect for elders/all ages
- Harmony with Nature
- Respect for status of women and children

# Common Spiritual Beliefs

- Higher Power/Creator
- All things are related
- Ritual strengthens bonds between individual/family/community
- Spirit connected to health

# CORE VALUES COMPARED

#### **Native**

Cooperative

Group

Modest

Generous

Respect age

Indirect

Respect Nature

#### Mainstream Society

Competitive

Individual

Bold/emphasis on sex

**Material Success** 

Emphasize youth

Direct

Conquer Nature

#### 1. OVERYLING BARRIERS:

- Ethnocentrism cultural superiority
- Stereotyping oversimplified conception
- Prejudice prejudgment
- Discrimination treatment based on class or category

# What can we improve?

#### I. COMMUNICATION

- Native language contains key to each tribe's view of the universe
- BIA attacked Native languages in boarding schools/attack on cultures of all tribes
- Because of history, Native Americans
  may not share their culture, including
  traditional methods of healing, with outsiders

- Style may be reserved/interpreted as unfriendly
- Direct eye contact could be considered disrespectful
- Speech may be slow and deliberate/often interpreted as being uneducated or ignorant
- English may be second language
- Way of speaking learned from family/community
- Many use caution in communication with others
- Information or problems and family information not voluntarily shared

#### SOLUTIONS

- Don't ASSume
- Talk to and not about or around
- Explain in laymen's terms
- Assure patient understands (or has family member/interpreter present who understands)
- Follow-through and follow-up

# II. Modesty



- Uncomfortable talking about body or performing self-examinations
- May not notice or wish to discuss personal bodily changes
- Trained to be ashamed; dirty Indian

### SOLUTIONS

- Make sure patient understands condition not personal problem but human problem
- Suggest doing self-examinations in shower
- Qualify statements "I know this can be embarrassing but...."; "all people...."
- Treat with respect
- Explain and assure understanding

## **FAMILY AND COMMUNITY**

- Close ties to to family and community; aunts often considered mothers, uncles fathers, cousins brothers and sisters
- Some Tribes have clans where members are considered relatives
- Many Native children are raised by an extended family without formal adoption process

#### SOLUTIONS

Understanding.

- Close ties to family and community
- Individuals may consider family before self
- Treatment options must consider whole family
- Family may get in way of quality care; help patient find solutions

### **ORIENTATION** and TIME

- Time and agendas not as important (Indian Time)
- Live in present not future (as Western culture)
- Focus may be immediate gratification
- Living in NOW can influence adherence to pharmacotherapy's (eg don't take meds when feeling good)
- Solution: Explain and emphasize disease processes and how pharmacotherapy's work

## OTHER CONSIDERATIONS

GIFTS – Disrespectful to refuse

# TEACH and OFFER BICULTURAL CARE

- Acquaint self with social, political, cultural, spiritual structure of the group
- Identify resources urban Indian clinics; Indian Health Service (hospitals/clinics); Tribal Health Departments; Bureau of Indian Affairs.
- Find/hire an ethnic liaison both in your organization and/or in reservation community if trying to collaborate
- Native American patients bring their personal history, including their cultural values and beliefs to the health care system
- Get to know your patient, community and culture

- Ask your patient without requesting details, if they use traditional healing services and medicines. Blend western & native medicine.
- Don't make judgments
- Help your patient understand how the medical or other system works.
- Encourage your patient to advocate for him or herself
- Enhance cultural awareness & knowledge

- Be aware of the important aspects of Native American history and the cultural amplifiers that may affect the relationship between you and your patient
- Acknowledge cultural differences, intercultural conflicts
- Institute a peer-based staffing system hire Native People
- Honor the traditional usage of herbs; e.g., Al usage of sweet grass, cedar, sage
- Recognize that Natives have had less "time in residence" – living in two cultures causes confusion

- Encourage patient to question provider/authority figures
- Understand that Indian Health Service is NOT health insurance and often not about health
- medical insurance plan dictates how the patient will access services and receive referrals to specialists
- Direct your patient to the benefits coordinator at their place of employment, or have your clinic insurance specialist explain what he/she knows about the patient's plan
- Show Respect for Traditional Approaches to Healing

- Teach and practice direct communication with your patient.
- Become familiar with the communication style Your patient may exhibit; may have to read between the lines
- When questioning your patient use the formal medical terminology followed by any known "slang" terminology used within the community
- Encourage your patient to ask questions and that he or she is allowed to ask and respond to questions, without feeling embarrassed or ashamed
- Validate your patient

# Diversity Behaviors Scale

- Valuing Differences (+)
  - 8. Partnering
  - 7. Encouraging
  - 6. Appreciating
  - 5. Accepting
- Devaluing Difference (-)
  - 4. Tolerating
  - 3. Nibbling
  - 2. Avoiding
  - 1. Excluding